

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____

Last
First
Middle

Present Address _____

Street
City
State
Zip

Permanent Address _____

Street
City
State
Zip

Phone No. _____

Referred by _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Starting Date? _____ Salary Desired? _____

Are You Employed Now? Yes No If So May We Inquire Of Your Present Employer? Yes No

Ever Applied to the Company Before? Yes No Where? _____ When? _____

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		Yes No	
High School	1 2 3 4	Yes No	
College	1 2 3 4	Yes No	
Trade, Business or Correspondence School	1 2 3 4	Yes No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious (Civic, Athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATED THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

(Continue On Next Page)

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Year Acquainted
1.			
2.			
3.			

AUTHORIZATION

I authorized investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

In Case of Emergency Notify _____
Name

Street _____ City _____

Home Phone _____ Work Phone _____

DO NOT WRITE BELOW THIS LINE--OFFICE USE ONLY

Interviewed by _____ Date _____

REMARKS: _____

INS Form I-9 completed? Yes No

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary Wages _____

Approved: 1. _____ 2. _____ 3. _____
Employment Manager Dept. Head General Manager